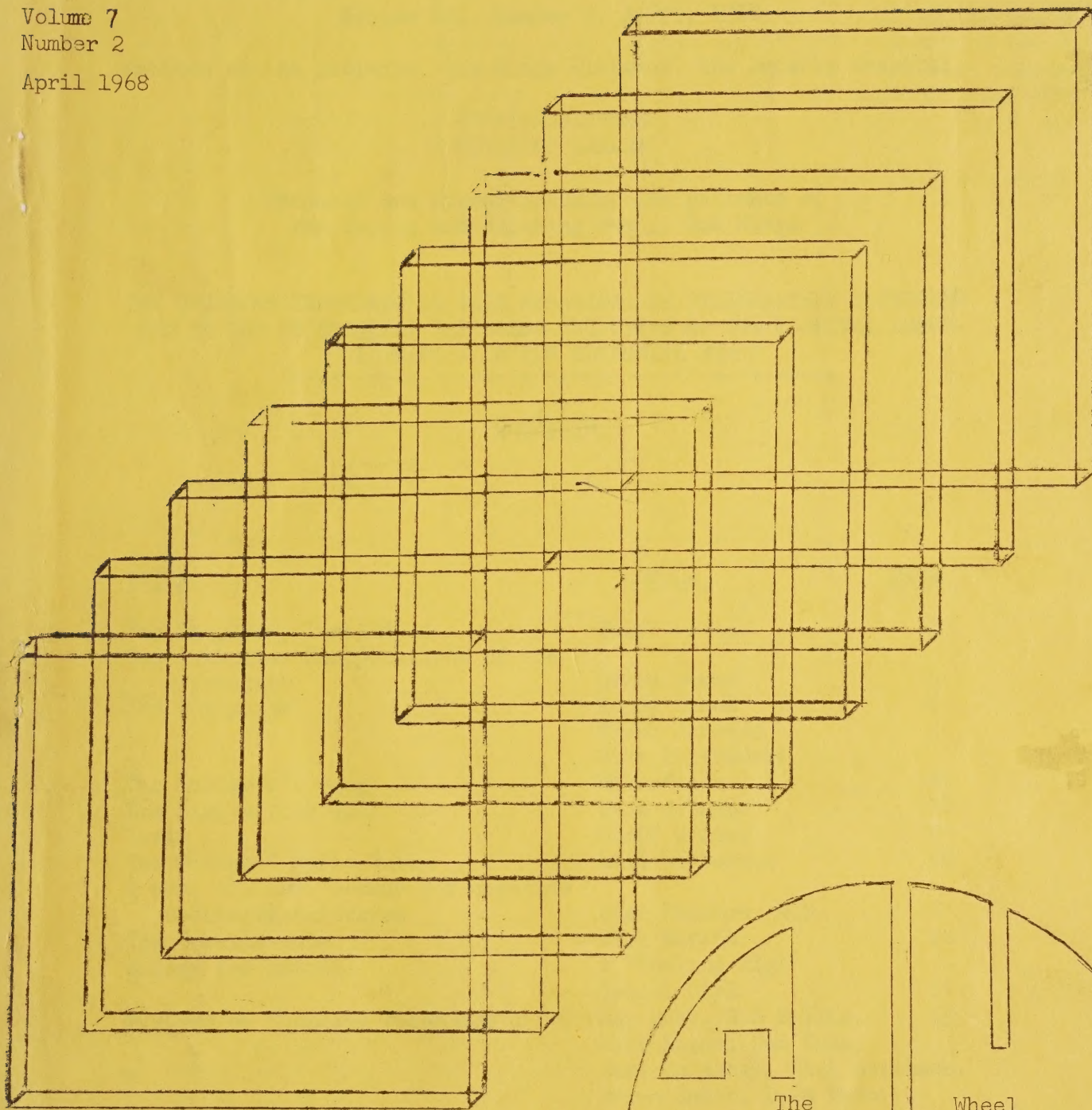
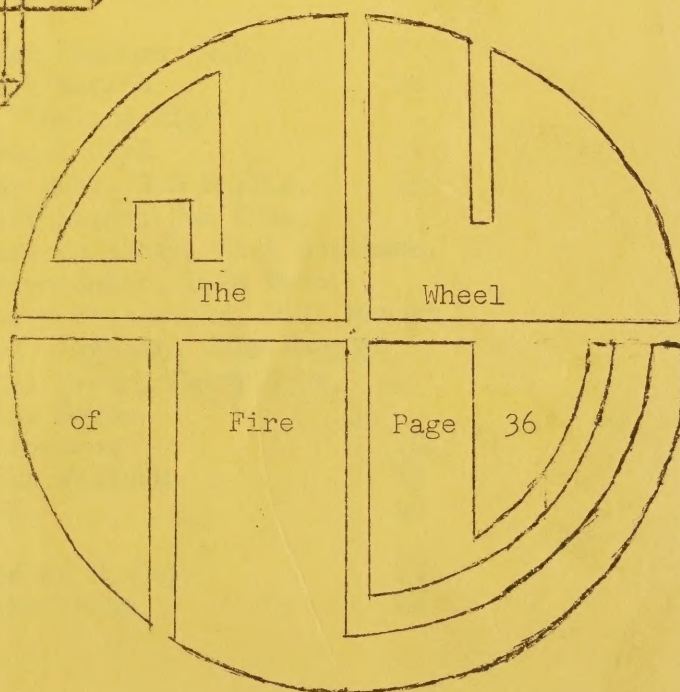


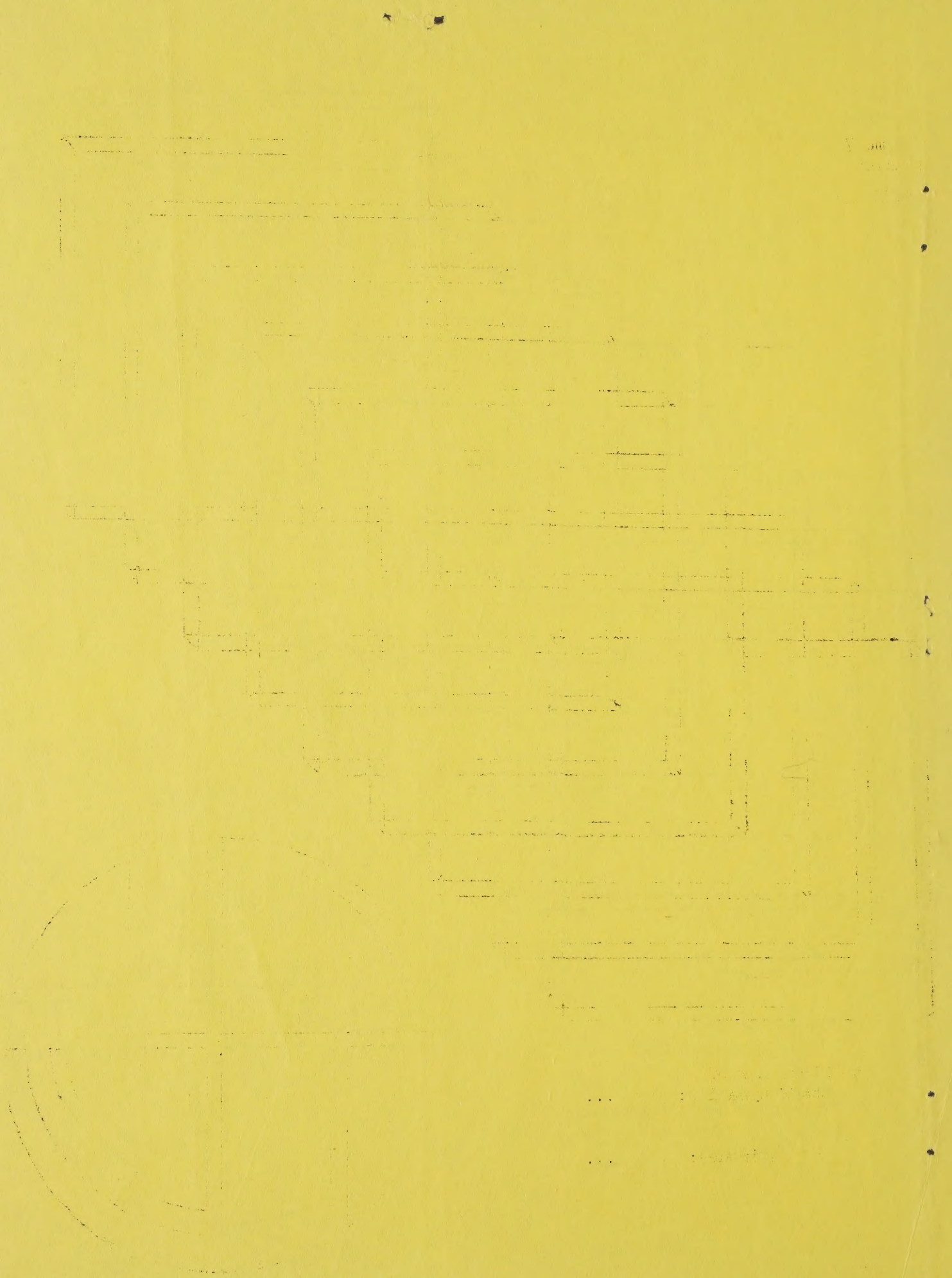
Volume 7
Number 2
April 1968



The First Law of
Staff Dynamics: page ... 28

The Antipodes: page ... 6





THE QUILL

Volume VII, Number 2: April, 1968.

Written by the patients, Oak Ridge Division, the Ontario Hospital,

PENETANGUISHENE
ONTARIO, CANADA

Prepared and mimeographed by the patients of
The Typing and Printing Dept., Oak Ridge

THE OPINIONS EXPRESSED IN THIS MAGAZINE ARE DELIBERATELY OUTSPOKEN
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QUILL SUPPLEMENT:

THE MENTAL HEALTH ACT, 1967 Excerpts . . .

THE IMAGINARY INVALID

Staff Writer

A sharp bunch of teenagers from Midland Secondary School came to Oak Ridge on February 28th, and in the absence of an adequate stage-setting, in a "chapel" with all the acoustical disadvantages of a subway station, provided a version of Moliere's "The Imaginary Invalid" (1674) which held the full attention of an Oak Ridge audience for two and a half hours. Even Cecil B. de Mille doesn't customarily do that.

The School Drama Group is a voluntary organization consisting mostly of Grade XIII students. Six weeks of rehearsals, two hours a night for five nights a week, went into the production of "Invalid". Mr. R. Holt of the school staff acted as Producer/Director/Resource person, and was instrumental in the group's performance at Oak Ridge directly after their public debut.

A tart comentary on the follies of hypochondriasis and age, intertwined with vicious satire on the medical profession, revolving around two capable but castrating female leads and a pair of elegiac but nonetheless shrewd lovers, "Invalid" presented a challenge to the resources of these young actors to which they responded with maturity. It would have been easy to ham it up all the way through, and while they played the slapstick in appropriate spots, there were times when - in particular Jim Taylor as M. Argan and Blair Shakell as Diaforus carried Moliere's delicate satire on the marriage game with considerable skill. Debbie Stewart was a spirited Toinette, Barbara Lloyd a suitably powerful Beline, and Mary Weckman a perfect Dresden-china Angelique. Doug Gagnon made a slick Cleonte, with the occasional flash of unritualized action: Blair Shakell and Morris Fortin made a brilliant team as Diaferus and his son - Blair's plastic features and Karloff eyes combining perfectly with Morris' confident timing.

A lighting crew of four students, a makeup team of three girls and Miss G. McMillan rounded off the group's performance with a dash of technical expertise.

All of the students in the group have considerable interest in acting, says Mr. Holt, and Jim Taylor (the talented son, incidentally, of our staff member Ken Taylor) is considering a degree course in drama. We have to add that their interest is backed up by a lot of downright skill. It is significant that this group could hold the interest of an Oak Ridge audience where movies (see article on page) couldn't: it may have something to do with novelty, but add less than the talents of the players.

Of course, their performance raises for us the question of psychodrama as a possible method of treatment here. Laying aside the practical implications, however, the aesthetic consequences were plain. Everybody enjoyed the play and would appreciate another.

SOPHISTICATED MANIPULATIONS OF THE PSYCHOPATH

By Gerry Banks

To manipulate is to manage skillfully; to control or change especially by artful or unfair means, so as to achieve a desired end.

Due to the psychopath's superficial charm and good intelligence; his general poverty in major emotions; loyalty, trust, reverence, etc., and his untruthfulness and insincerity; and paradoxically his basic needs to love and be loved, and his fear of this - he questions how his emotions should be expressed, what is genuine and what is not. He manipulates to hide it or to show it, and he expresses it or suppresses it for status. This leads one to question the degree of emotional blackmail involved.

When psychopaths are pressed about their own motivations they seem to increase the stubbornness of their defenses: as if a point of view were a point of survival. If they get a feeling of becoming too involved, they seem to emphasize more and more that the feelings of other people don't mean anything to them, and in turn try to isolate themselves from the effects that other people might have on them - by manipulating.

A psychopath has to be in control of any given emotional situation, and when confronted with emotions within himself (or other people) that he cannot control, it becomes at once necessary to establish control. This usually involves saying or doing things to keep the other person away; denying his own feelings, either by repression or deviant behaviour; or denying those feelings of other people by deviant behaviour, or projection. The ostentatious or pretentious, controlled facade usually covers up a fury of disgust and despair at himself; and sometimes to relax control might mean to be swept away with his own despair at himself.

When a psychopath manipulates, then, it is usually to preserve his own security. Deceit is involved, along with the basic idea that the other person isn't a person, but a thing. Some psychopaths have learned the TWELVE STANDARD MANIPULATIONS and are aware of the difficulties involved when they are "checked" unless, they can be more subtle to escape detection. The more sophisticated manipulations may include the following:

MORAL MASOCHISM: Some psychopaths seem to have a striving for being dominated and humiliated (usually this is not conscious). He places the other person in this position; and he rationalizes it as loyalty, self-denial, or love. He does this only to satisfy his own strivings or cravings and is at the same time controlling the other person.

ESCALATION: The psychopath may have been involved with some way in which he felt there was a meaningful interaction taking place. He subsequently might feel it is of some benefit to him to maintain this relationship. When the other person wants to withdraw from the relationship, the psychopath's manipulations increase to a very high

degree, so as to keep the other person in position. The psychopath may harm himself to produce guilt in the other person - to the point where the other person may want to kill himself - or he may bring up some past incidents which have significance to the person, so as to make him feel guilty.

DESTRUCTION: The psychopath (~~consciously~~ or subconsciously) may want to terminate the relationship with the other person, but at the same time doesn't want to look like the "Bad Bastard". He may write, do, or say something which will automatically cause an adverse reaction in the other person. He (the psychopath) will then be able to bow out of the relationship saying or implying that the other caused its destruction.

THE LUSCIOUS HEADLINER: Psychopaths are often very attractive in appearance. When all things seem to be going wrong, the psychopaths quickly turns to the thing that he thinks attracts people most - his body. He entices people by flaunting himself about, by giving a little flick of the eye at the right time, touching someone in a very seductive manner, at any rate displaying many mannerisms with his body that will attract people to him. Once they're attracted to him, he slows down on his seductiveness, and just uses what he needs to keep the other person under his thumb (he might even act out sexually to prove some kind of loyalty or love for his friend - really all he wants to do is "get satisfied" or to keep this person in a position where he can use him for material goods, supporter in fallacious arguments, etc.).

IN CONCLUSION: The manipulations which the psychopath may use, are very dangerous. They are filled with the basic emotional drives for fighting or for sexual satisfaction. The psychopath is like a baby in a crib, unable as of yet to think like a human being, more like an animal. He is a creature of boundless passions. He is swayed by two powerful overwhelming drives. One is to love and to be fondled and protected, and to be kept warm and happy - all of the feelings that are part of the complex pattern of behaviour that centers around the sex impulse. The other is to fight, to dominate, and where necessary to destroy.

Generally a psychopath feel rejected and expects to be rejected. When young he didn't grasp onto the feeling that people loved him. To help the psychopath, one must be prepared to get hurt a considerable amount of times, and also have a warm, accepting attitude that is conveyed in a way so as the psychopath can perceive it. One also has to keep in mind the psychopath's limited capacity for loyalty and identification. The psychopath has an abundance of egocentricity, and very powerful rationalizations. He feel he is getting "screwed" around, when in fact, he is the aggressor. Some development of internal controls (i.e. a conscience) can be encouraged if the person is willing to withstand the psychopaths unjustified hostility and the basic mistrust and disbelief in other people.

THE ANTIPODES

An Editorial Preface

Terra incognita, darkest Africa, Australia; the Antipodes, the ends of the earth, the rim of the ocean... Myths, fears and fantasies have always been associated with physical domains of the earth that have not been explored and mapped. Men have populated these regions with dragons, two-headed giants, and great treasures. Exploration disproved the existence of some of these, gave new meaning to others, and brought to light others that no one had ever dreamed of.

A thousand years ago, men knew more about the globe they lived on, then we know now about the minds we think in. Before the recent surge of interest in intrapsychic events associated with the so-called psychedelic drugs, most of western science was devoting its considerable energy to major efforts at denying the validity of many of the events in the "subjective" world. Since the Second World War, however, the degree to which our "outer" experience is a branch of our "inner" reality is becoming more clear. We are gradually beginning to map out the dimensions of a huge continent at the antipodes of our everyday experience - the continents inside ourselves.

This is an urgent task. The public, raving lunacy in Viet Nam; the madness of a situation in which with grim inevitability a dozen of the wealthiest cities the world has ever known arm themselves for ghetto riots this summer, the schizoid fever of Young Street on a Saturday night, are finally solvable from inside only.

The qualifications for discoverers and researchers are various. The man who goes to climb Mount Everest is sometimes accounted a hero, not a lunatic. The man who departs on a journey within himself is sometimes accounted a lunatic, not a hero. It may be that in our search for the answers about Viet Nam, the lunatics are of more value than the heroes. It may seem that the realms of sanity can be charted from reference points within the realms of madness.

Too often, sane persons have not listened carefully enough to crazy ones. What they (the crazy ones) experience is regarded as subjective, impressionistic, and liable to distortion. The "personality" is seen as organized around a core of defensive structures which insulate the patient from experiencing any of the truth about the world or himself. In the encounter between the sane person and the crazy one, the efforts of the former are linked with science, understanding and care. What the patient experiences is tied to illness and irreality, to perverseness and distortion.

The essence of this conception is that the sane person understands what is going on, and the crazy person does not.

The current reality in Viet Nam casts some doubt on the validity of this position.

We do not suggest that there is no such thing as certifiable illness, and that all crazy persons are the vessels of some higher insight. Our thought is that in order to comprehend the madness of all of us, the contributions of crazy persons may have a

value similar to the vague tales brought back by the early explorers of the lands at the ends of the earth. There is no reason why they should receive less credence.

So each month we will be printing some of the babblings of lunatics. It is up to you to decide on the value or the meaning of them, if there is any.

#####

MESSAGES FROM THE ANTIPODES

Randy Simon: If, while you are vacationing somewhere in the Amazon jungle, a native should attack you, cut out your left kidney and munch on it before your eyes . . . you may offer him your right, or you may start to scream insanely.

Frank Johnson: I start to feel strange. I get the feeling I am in some other place, in another world. Everything looks distorted. I look at something and it changes. I don't even know who I am or who everybody else is.

It scares me. Then I get paranoid. I think everybody is out to get me. They want to put me in a coffin; put me in alive. Sometimes I even see the box and hear them making it. When I lay down and close my eyes all I see is that box.

Mike Bajerowski: A year later doctors decided to give me shocks, electric shock treatment. I ask question, "For what reason you want to give me shocks?" He answered, "Because we don't understand you. Because we feel that you are very sick and we would like to help you." So they transferred me to B Ward, room 19. I was for two weeks locked up there. After that they start to give me shocks. Every day when I go for shocks I scared all the time. I know it not hurt but I feel afraid, scared. Now I understand that shock treatment really helped me. Many people say they don't like it, but I am not against. I feel I got nothing against it.

After shocks I don't know nothing. I had no contact with my brain. I feel like I had a cabbage on my shoulders. I didn't interested in nothing for two years.

Later I start to give questions to the boys - why is this place? What is this place? They explain me, it is a hundred miles north of Toronto, this place. About six months later I found on map really where it is, this place.

Slowly I look around and try to make a few friends, Canadian boys. Also I meet Victor Lukasev. Generally I feel very fine for six years on D Ward. My behaviour was good. I watch TV, listen sometimes on other friends radios. Most of the time I spent walking the corridor.

A NEW, ALL NEW, REMEDY FOR NEGATIVE COUNTERTRANSFERENCE

By S. J. J. Freeman

At the winter meeting of the Ontario Psychiatric Association, Dr. Roland Forrester presented a most interesting paper entitled "The Untreatable Patient". In eloquent terms, Dr. Forrester made the point that the patient is labelled "untreatable" when the therapist can no longer cope with his own hostility towards the patient. He likened the therapist's plight with that of a mother of an infant who must put up with the continuous indignity and ingratitude at the hands of her child and yet, must keep giving out love and warmth and nurture. Now the mother, points out Dr. Forrester, has a variety of coping mechanisms going for her; and one that is frequently overlooked is the use of the double-edged nursery rhyme. Think of the qualities of virulence that can be discharged most acceptably by crooning, in a soft voice:

Rockabye baby on the tree top
When the wind blows the cradle will rock,
When the boughs break the cradle will fall
And down tumbles baby, bough, cradle and all !!

Well, this really set me thinking. Suppose every psychiatrist, or indeed, every psychotherapist of whatever persuasion, had a repertoire of finely honed, double edged songs to sing when the going got uncomfortably ambivalent? The idea was captivating and exciting! Were we on the threshold of the first major breakthrough in psychotherapy since the Orgone Box?

I respectfully submit, herewith, a first, modest example of such a song. It is to be crooned softly and lovingly to the tune of Rockabye Baby:

Rockabye patient on your high bed,
I'm sticking electrodes onto your head.
Laymen may label you "Ungrateful Whelp",
But your doctor loves you - this is called "Help"!

Let us hope that this hesitant contribution will be but the rudimentary beginning of what will eventually grow into a comprehensive collection, perhaps entitled "Songs To Countertransfer By".

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The Editors cannot, of course, resist adding an Oak Ridge opus:

"I'll close your door, patient, and turn off your light,
Leave your clothes and your smokes out, don't struggle or fight;
Think now how you'll mend all your deviant ways,
And you may get a mattress in 28 days."

Y A V I S

It has been theorized that the patients who are most "treatable" happen (quite by chance) to be young, attractive, verbal, intelligent and successful. This is known as the "Yavis" syndrome. Here is some more light on this topic.

Is there a significant relationship between the liking and sympathy of therapists for their patients, and these patients' socio-economic background, psychiatric diagnosis, rating of pathology, prognosis, treatment and outcome? This question was studied by two researchers, Howard J. Ehrlich and Mary Lou Bauer, and reported in Social Science and Medicine, (Sept. '67). Their findings are of particular interest.

- Inexperienced therapists were found to be significantly less favourable to their patients on liking, but not sympathy, than were the relatively more experienced therapists.

- The ward assignment of patients appeared to be a significant source of variation in the distribution of the therapists' liking and sympathy responses.

- The socio-economic characteristics of the patients - age, sex, education, occupation, and religion - were all found to have no significant relationship to the therapists' reports of liking and sympathy.

- The patient's level of anxiety displayed consistent moderate co-relations with the favourable affect of the therapist. Patients who were rated extremely anxious or non-anxious were less well regarded than those given average to moderate anxiety ratings.

- Patient diagnosis, ratings of occupational and social impairment, and judgments of paranoid tendencies and thinking disorder were not significantly co-related with the therapists liking or sympathy.

- Both initial and final patient prognosis displayed strong positive associations with the therapists' liking and sympathy responses. The more favourable the prognosis, the more frequent the reports of unqualified liking and sympathy.

- The number of drugs administered to the patient significantly co-related with the therapists' feelings towards the patient. More favourable affect was associated with not administering drugs, while patients who received negative ratings were most likely to be placed on a multiple drug regimen.

- While neither the patient's length of stay nor type of release indicated a significant association with the therapists' affect, the therapists' rating of personality change and of symptomatic change did display strong positive co-relations. Improved changes were seen to occur mainly with patients who were liked and sympathized with.

-- Now who says there's any favouritism around here?

MUSCLING A KID

Anonymous

If a kid comes to jail and he is a good-looking kid he is in most cases approached by someone who will offer him friendship, a bit of tobacco and a friend to talk to while he is here. This goes to a little more - a few cokes, a tailored coat, (only the wheels wear tailored coats) to more and more stuff. As time goes on finally this kid has everything any man in jail could want - one of the wheels for his friend, tailored clothes, and lots of canteen. He feels secure, elated, even proud.

Then comes the line. The person tells him he likes him very much and asks him to be his kid, his punk. In a lot of cases the kid may say no, I don't go this way, but this person, being persistent, will give him some line like - "You're in jail, in here we can't have women, this is accepted in here, a lot of kids would bend over backwards to have what I am giving you. Look what I have given you already. I had to work hard for this." The kid in a way feels guilty. He feels indebted to this guy and this person lets him know that it is his intention to make him feel this way.

If the kid still says no, the guy who approached him will say to him, "Okay, stay away from me," or "You are going to be my kid and that is that..... You will see, no one will want to be friends with you..... The only people who will talk to you will be the goofs... .. You'll see, after a while you'll beg me to be your daddy."

Next this person will tell all the kids so-called friends to stop talking to him and people will start to bother him. When they pass him they will put their hands on him. In the long run he'll have not too many friends at all and the people he was associating with before will not talk to him.

Later, and this happens to more than is heard about, the kid may go to the auditorium or be called to the shower and held down and forced into having sexual relations and told after that if in the event that he tells, he will be considered a rat. That is the lowest thing in jail.

EULOGY FOR ANTONIA

Face all sweet accord she
mouthed transparent vermilion smiles
which they saw through.

Paragon of Christian virtue -
patient, helpful, always there
when needed (unwanted) - so nice.

Submissive to supervisors,
Permissive to those her minions
She courted the enmity of none
but was cloaked in the security
of her dull-pink, beige world
devoid of emotion.

Tinsel laughs, plastic frowns
haunted her collection jar,
to be displayed at proper times.
No sorrow, passion, joy
or hate marred
her flawless perfection.

but
came the day of reckoning
she was found to be as sounding brass
..... a cultured pearl.

Cathy Sauve

Penetang Secondary School

THE ALLIANCE OF 1917-1918

TO A HIPPY

Submitted by John Willson

You call yourself a hippy, for reasons most absurd,
But if I called you that, you'd say it was a dirty word.
You say that you believe in love, and love's the main emotion,
But is your "love" a night of sex, or is it true devotion?
You criticize society for all it's done to you,
But can't you see that you're a part of our society too?
By handing out your flowers you've started a revolution
But by dropping out, do you hope to find a solution?
You say if you conformed that you would hang your head in shame
But -- have you ever noticed? -- all you hippies look the same.
Through orgies, pot and LSD you hope to find some peace,
But if you don't get up and fight, how can the gunfire cease?
You get all this attention from tourists, for looking queer,
But don't you see that without them, you would not be here?
You don't believe in money, for working by the hours,
But what's that stuff you're getting in return for flowers?
Some of your diggers claim they're registered doctors, with degrees:
Well, why, then, do they roam the streets with venereal disease?
You walk barefooted, because it's the natural way --
But couldn't it be that you just don't work, and can't
buy shoes without pay?

* * * * *

THE UNBELIEVABLE

By William Manone

The first glance is to be loved and to love;

The only breath is to be free and carefree;

The last thing is to be hated and to hate.

When you have been through all three moments

You have lived your life.

Once again: you are born to go through

what you do not know

what you see but cannot understand

what you hear but do not believe

what you feel but cannot touch

When the Bright Thing has come and gone many times,

Just one blink would put a dark fear around what

We think is there

But reality has forced away.

An Editorial Preface

The efforts of psychologists in the last fifty years have produced a vast literature on the mechanisms of learning. If you assume - as many do - that most, if not all, of human behaviour is learned behaviour, then the laws of learning which psychologists are elaborating are extremely relevant to Oak Ridge. Some of the most widely-accepted of these so-called laws are those which relate to what is called "reinforcement". In simple terms, they state that if an organism is rewarded for certain types of behaviour, then the likelihood of that behaviour increases. If it is punished, then the likelihood decreases. Clearly this is no breakthrough. Donkeys have been responding differentially to carrots and sticks for centuries. The spectacular contribution of psychology has been in carefully specifying what happens when you vary carrot and stick, and what you can substitute for them.

The avowed aims of Oak Ridge can be stated in terms of learning theory. Some types of learned behaviour (armed robbery, rape, murder) are defined as undesirable. The object is to make the subject unlearn these undesirable behaviours, and learn desirable ones, so that he can be released.

This process of unlearning and learning takes place on several levels. In the Compressed Encounter Therapy Unit, it is hard to see anyone teaching anyone else anything. No one has any authority. If anyone claims he knows what is "right", it is usually suggested (and demonstrated) that maybe his claims are exaggerated. On the other end of the scale, the Training Unit clearly brandishes a carrot (transfer to another ward) for those patients who will learn the basic principles of community therapy, and a stick (confinement, loss of privileges) for those who won't. The unabashed goal is to teach all patients as quickly as possible that if they co-operate with treatment goals they will be rewarded, and if they do not they will be punished. The commonality with the Criminal Code, the K of C, the Orange Lodge and the classroom is obvious. The alternative is to leave it all to chance, which for most patients means a longer period of confinement.

The articles that follow are written by patients who have had carrot and stick applied to them on the F Ward Training Unit. The Unit is like a barracks. Everybody wears institutional clothes, sleeps in a bare room without anything in it except for a bed, a mattress, two blankets, a toothbrush and a towel. When a man is not in Training, he is locked in his room. Discipline is strict.

The system seems to work. It is plainly attempted brainwashing, but no more so than Grade 2, except that in Grade 2 the punishments are more subtle, and more powerful, and the brainwashing seems to last longer. Kids don't often rebel in Grade 2. It is comforting, sometimes, in a way, that they do in the Training Unit. They can't "win", but at least it's a sign that there is dialogue, that some exchange is going on in two directions, rather than one.

THE ROLES OF THE PATIENT INSTRUCTORS

By Ray Hunt

In the early days of the "Therapeutic Community" patients saw new roles evolve. The patients came to function as therapists. However, Oak Ridge has always had many of the disruptive type people, men who represent a serious threat to all the other therapeutic programmes here at the hospital because of their abilities to undermine, disrupt, and generally cause communication to cease. In many cases these were persons "case hardened against the cold steel of prison bars."

The aim of the "F Ward Training Unit" is to train patients so that they can live on other therapeutic communities, not impede progress, and benefit from the treatment offered there.

Acts of disruption, undermining and threatening are constantly guarded against. Any attempt on the part of another person to deprive anyone of his right to treatment is dealt with severely. Disrupting is taboo in the programme. The roles of the patient instructors are backed and supported by staff at all levels. If any attempts are made by anyone to disrupt he may lose privileges. Recommendations dealing with disruption are made to the staff in charge of the ward by the patient instructors. If approved, action is taken.

A Three Group System exists, the purpose of which is to focus emphasis on training. All patient responsibility and power rests in the hands of four patient instructors: Carl Bell, Ray Hunt, Rick Hale and Ross Tucker.

In group one trainees study papers on Disruption, Five Defence Mechanisms, and Manipulation; group two papers on Bad Logic and Communication; in group three, papers on Bales' Categories of Analysis, Group Interaction and Sociology. As one proceeds through the groups the papers become more difficult.

In each group patients study the assigned papers, and when an individual thinks himself ready, he asks to write a test on the paper. Having passed the test, the instructors take into consideration the person's attitude displayed while he was in programme, and decide whether or not that person should graduate to the next group. At the end of Group Three, the person is then required to write a final examination which covers all that has been taught. Tests are administered by the patient instructors.

The roles of these persons, are difficult and complex ones. Their day is long and their responsibilities are many, for the programme is compulsory. They work in close liaison with the staff and for this reason are the direct target of much hostility and negative attitudes projected at them by patients on the unit. On the other side, some of the attendant staff see them as a group of patients who have too much power and are causing other patients needless hard time, and vent their hostility.

The stress is great and on occasion every member of the group has expressed a desire to quit. As it has just been stated, the programme is a compulsory one, both the instructors and the trainees are subject to strict discipline. Nobody is allowed to quit.

It is felt at staff levels, that it is best if members of the patient instructor group do not talk about their problems or matters concerning themselves in ward meetings and in groups. The reasons for this is that it would have an undermining effect on their roles, it would take treatment away from patients who needed it more than they at that time, and it would provide ammunition for disruptors.

All of the patients functioning in the roles of patient instructors have been involved in the Compressed Encounter Therapy Unit. One fact that still must be considered is that we are patients and like all patients we do have problems and conflicts do arise from time to time. Arrangements were made for the group to meet nightly for what was to become known as our own group therapy session. But after a short time, these sessions were abandoned, as it was seen that to some extent that they were causing more conflicts.

The existing system is close to its third month of operation. At this time there have been no 100% True-Blue graduates through all the groups. The ward has been under constant pressure from other wards to move people off, so that they can send people here that were in need of the form of treatment offered here. As a result 23 people had to be moved off the ward before completing the programme. Perhaps this was unfortunate, but in the opinion of this writer it was not. Word being fed back from members of staff off the Training Unit as well as from patients throughout the building, is that most of these patients are doing well and participating to a high level on other wards in the hospital.

The role of the patient instructor is radically different from those of the other patients involved on the Training Unit. While they are involved in the Training Unit programme other patients receive almost no privileges. However, they receive one final reward, a transfer to wards E, G, or H, where besides completing their course of treatment, they receive a variety of privileges - chairs, sheets, plastic plates, TV, civilian clothes. On the other hand, the patient instructors must remain. Thus it was decided at staff levels to grant them extra privileges and pay.

TO THE PATIENTS OF "B" WARD, OAK RIDGE

By Ron Follis

I was on your ward for about two weeks, You had told me all about F Ward. I thought I would let you know how I feel about F Ward. F is about the best that you could get.

We have group therapy. It starts about 9:00 each morning and goes to about 11:30, then we eat our dinner. After dinner we start about 1:00 in the afternoon and go to about 4:30, then we have our supper and rest till 6:00. After supper we have a ward meeting and we listen to feedback. We give our own ideas about how the groups went.

You might say this is not very interesting, but it is very important to us. All of us have some wrongs, so we talk about them to a big or small group, as we please. It makes you feel better after you have talked things over. I have told about my problems a lot, and even cried up here. No one even laughed or made fun of me, they all tried to help me.

We have no shows or television to watch, we don't play cards or sleep all day. In your own mind this might be curing your sickness. But, I know it can't be. This group therapy will help you more than watching TV or sleeping all day. It has really helped me out and opened my eyes to a lot of things. And I am not the only one who has had their eyes opened. You all should come over here and get some of this group therapy.

NOTES ON A SYSTEM OF CONDITIONING

Mike Mason: This ward scares me in some ways - all these guys dutifully repeating the same dreams, imaginations, illusions, prejudices and anathemas, some (reassuringly) not believing it all, some (frighteningly) grasping it with all the avid eagerness and fear of loneliness.

I feel sorry for the dissemblers. Their independence only brings them more loneliness. I feel sorry for the converted - their faith will turn to bitterness and ashes more often than they can realize.

The alternative scares me even more, though. Traditionally, Oak Ridge channelled its sheep-flocks and wolf-packs into the sterile pastures of food-stealing, TV, and muted homosexual dalliance. Thus slowly and painlessly raped, they stared bemused and glassy-eyed down the grey vacancy of a "stretch". Now they are being kicked and stoned along a road that may lead to some realization of other persons as something else than specialized institutionalized fixtures. At best they come to love their neighbours sometimes. At worst their deterioration will be attended by more activity and less covert violence.

Daniel Toth: I was ignorant of the fact pertaining to F Ward. I was told that there are stripped rooms (Bull Pens), that they had a "Goon Squad", also that the windows would be left open, also they said I would really find it "rough". I evaluated all I heard, then I came to the conclusion that all these stories were founded on hearsay.

Karl Halladay: I believe that the teachers use too much authority. The paper plates are unnecessary. I don't believe that the movies they use to illustrate the programme are of any help. I feel that the teachers are getting it across quite well.

Ron Follis: Up here you can tell what is bothering you openly, no one will laugh. Group therapy will help us when we do leave here to keep out of jails and hospitals like this.

Richard Matthews: I have only been in this institution for about two weeks and it made me quite scared of the ward training unit on ward F. I was told that it was so bad that the least little thing you do you would be locked up and needles brought to you. This is strictly untrue.

Brian Smith: Since I have been placed on the ward I have found it very strict. I have noticed some of the teachers falling away from what they have learned and what they are now teaching.

David Webb: The only complaint that I have is that I was not able to get here sooner, or learn about these things sooner. If I had, I might not have experienced some of the difficulties that I did.

Barry Fitzgerald: I do not enjoy this programme with the lack of privileges, so I am working rather hard to get off and I am succeeding. I only advantage it has over the Training School I am from is you can smoke here. This programme is safe, all angles were considered so it is very hard to hurt yourself. You are kept quite busy here in the different programmes. At times I wonder if this isn't punishment. The thing that bugs me the most is that I might fail my Grade 9 as a result of being at this hospital.

William Manone: No matter how uncomfortable other people may make it sound, they are too ignorant to face the truth and reality. Don't think I am drugged in any way to be forced to write what I think is wrong, because I am not. If you believe that, you are fooling no one but yourself.... We are faced with the true facts about ourselves, and most people will not admit these to themselves, because they may be afraid. They may think that they might be laughed at. In some cases some people are afraid that they will be moved out of this institution, which to them is home.....

John Moggey: I like this ward fine and I get along with the fellows. I like the tests but I have trouble with some of them.

Reg Parnham: I find for the short time on F ward which I have been here against my will, that it has done more for me in so many ways that it is still hard to believe. Therapy is like a tug-of-war. The more you have on your side the easier it is to win. So get on the winning side now.

William G. Brown: There is not much I can say outside of that I am 43 years old, and if I was 18 or even 30 and was not set in my ways as I have been for so long, I could understand these young men, who are up here and being helped. I have been helped even at 43 years..... I was in Kingston Prison and the help I got there is why I am here at this time....

Perry Gohm: F ward is not as bad as you think or have heard. The only way you get in the bull pen is by not co-operating with the fellow patients on the ward. I was placed in the bull pen myself and the windows were not left open and I did not get water on the floor. My windows were closed and I had blankets. The bull pen is not punishment, it is treatment. It gives you time to think of what you said and done to get you there.....

David Dwyer: Therapy consists of open and honest communication among patients. That means that if the patient is very upset about something and doesn't talk about this, then it will remain the same; whereas if the patient does talk about his feelings and upset, then it will give the other patients a chance to get him to understand his problem. On F ward we prepare the other patients for the other T.C. wards, such as E, G, and H, where they have group therapy where they share each other's feelings and problems....

On F ward, we have 4 teachers that have quite a bit of experience in T.C. life.....

In Group #1, our teacher reads the papers on Manipulations which in other words is conning people in for your own gain and in turn causes mistrust and deceit. Another paper we take is Disruption. Disruption causes a blocking in free and honest communication and this stops patients from being treated. When this happens the disruptor is removed from the group and is medicated or loses privileges, or may be confined for a few days to give him time to think about the effect he may have on other patients and how he may be stopping the others from getting treated.....

By S. F.

'G' Ward started an Encounter Therapy Program in September of last year. The transition from the traditional custodial institution, into a Therapeutic Community way of living, appears to require effort, time, and above all intensive encouragement by the administrative body. Success appears to depend largely on a flexible attitude in all proceedings. The old traditions die hard. The new program is not carried out along some blue printing, but it appears to be a trial and error experiment, which requires a creative imagination hand in hand with some fundamentals of know how.

The majority of the patients and staff accept the change. The motives - they say - "is to keep pace with time." It looks like everyone became aware that the old custodial system has failed to produce good results in as much as during that period very few benefited out of it; and, a great deal of these who did recover did not enjoy the recovery for a long time. Furthermore, the old system had affected many patients adversely by conditioning them to a state of dependency and quite often to a state of indolence. The staff itself has run the risk of being institutionalized by rigorous subordination to standard routines; which require an impersonalized performance, to strip off any individual initiative and interest on the job.

The westerner of every walk of life knows from experience that Science and Technology have freed the human race of innumerable adversities and on account of this, one may not wonder at all hearing one therapist or another saying that the objective of the new technique is to restore personality impairments satisfactorily and permanently. The consequences of idealizing the scope of the program to something beyond reach could be of a great dramatic significance and dimension, therefore it becomes necessary to define in more realistic terms. Its role could be best conceived in the form of motivating and rehabilitative scope. If this concept is correct, we may deduce that the program is useful to most, beneficial to all, but by no means indispensable for everyone. In other words, it is a means to an end and not an end in itself.

The therapeutic program on G Ward is geared to accommodate the majority of elements which compose this community. The functioning is kept at a pace to keep in step with the whole lot. However, there is an intensive encouragement to develop a continuous communication and interchange of ideas between its members as well as a genuine natural interest of one versus the others. The emphasis is laid on co-operation, conformation and the development of the ability of adaptation. Darwin's axiom that the fittest survives is transformed into "for survival you must change."

The efforts of the community have been focused towards rendering one useful to another. But, good will, even if it is cultivated, is not always enough. The members of G ward Therapeutic Community are confronted with tasks in the highly specialized fields of psychology and sociology. Their limitations are obvious, yet there have been sincere efforts to fill such gaps. For instance, in a small group let's say of Mr. X. The group becomes aware that this particular patient is one of them who could live a normal law abiding life if he

learned to control his behaviour, although his illness could remain inherent in his system. The group seem to realize also that the patient could eventually achieve this in due course by a natural process. Then, their endeavours are concentrated to accelerate this process. The method that was adopted by the group is admirable. Either the group feels itself not to be qualified or it was felt not necessary to turn back the clock, no attempt was made to explore the unconscious of Mr. X. They chose not to bring in to display, the works of the mechanism of repression. Instead, they seem to examine Mr. X's ego and try to suggest amendments. Above all, the audience intensified their efforts to suggest ways to develop and strengthen Mr. X's Super-Ego. Meantime Mr. X's co-operation was secured directing his attention to a bright and promising future. On the other hand a patient among the audience who had a tendency to project was prevented from exercising pressure on Mr. X. He was reminded that exalted people lose contact with reality. Thus he was asked prior to making Mr. X a target he should observe Mr. X's behaviour independently of Mr. X's label in the past. As a conclusion the method this audience adopted to deal with Mr. X's case was a safe one; it could bring forth good results and in no case would prove retrogressive.

It should be understood that it is being tirelessly endeavoured to develop an atmosphere of a genuine confidence between patients and staff and among patients themselves. It is expected that much can be accomplished by this campaign within limitations imposed by the environment.

THE RING-BILLED GULL

By David Johnson

On a morning soon to come we will be awakened by a raucous screeching and screeing. Rolling over in their beds most will mutter, "Oh it's those damn sea gulls, they have come back again", and then try to get back to sleep.

Just so that you will know something about this bird, here is some information taken from a bird book.

The name sea gull, though it has no official status, is generally used when referring to any large gull. Probably the species most often called sea gull is the Herring Gull, a species widely distributed in the interior and along the coast of Canada. This species, although not the same one found at Oak Ridge has a pearl grey mantle with the head, neck, tail and underparts white. The wing tips are black, legs flesh coloured and the bill is yellow with a red spot on the lower bill.

The species which lives on the food scraps thrown from the windows of this institution is the Ring-Billed Gull. It looks generally like the Herring Gull described above but may be distinguished from it by the black band which appears across the bill.

Gulls nest usually in colonies on the ground about lakes or on islands. The nest, a depression on the ground or on bare rock is lined with grass, or weeds, often sparsely; but the nests sometimes become substantial structures up to a foot high.

Eggs, usually 3 are buffy, variously spotted and blotched with browns and some underlying purplish grey. The incubation period is 26 to 27 days. The chicks first appear as small balls of light brown fluff.

All first year gulls are mottled brown in general colour with dark brown wing tips. First year Ring Billed Gulls may be distinguished because they are more whitish, particularly in the underparts than other gulls of similar age.

Gulls usually pick their food up from the water or land surface. They eat insects (especially grass-hoppers), grubs, worms and occasionally mice or the eggs of other birds. However they are largely scavengers and here eat large amounts of bread thrown to them from the windows. They often gather in noisy numbers about fishing boats and fish-processing plants for the offal thrown on the water. They also scavenge at garbage dumps and sewer outlets and along the shores they clean up dead or stranded aquatic animals in great numbers.

Acknowledgement GODFREY, W. Earl, 1965. The Birds of Canada, National Museum of Canada, Bulletin No. 203.

MESCALIN - PERSPECTIVES ON SCHIZOPHRENIA

By Aldous Huxley

From the french window I walked out under a kind of pergola covered in part by a climbing rose tree, in part by laths, one inch wide with half an inch space between them. The sun was shining and the shadows of the laths made a zebra-like pattern on the ground and across the seat and back of a garden chair, which was standing at this end of the pergola. That chair space - shall I ever forget it? Where the shadows fell on the canvas upholstery, stripes of a deep but glowing indigo alternated with stripes of an incandescence so immensely bright that it was hard to believe that they could be made of anything but blue fire. For what seemed an immensely long time I gazed without knowing, even without wishing to know, what it was that confronted me. At any other time I would have seen a chair barred with alternate light and shade. To-day the percept had swallowed up the concept. I was so completely absorbed in looking, so thunderstruck by what I actually saw, that I could not be aware of anything else. Garden furniture, laths, sunlight, shadow - these were no more than names and notions, mere verbalizations, for utilitarian or scientific purposes, after the event. The event was this succession of azure furnace-doors separated by gulfs of unfathomable gentian. It was inexpressibly wonderful, wonderful to the point, almost, of being terrifying. And suddenly I had an inkling of what it must feel like to be mad. Schizophrenia has its heavens as well as its hells and purgatories. I remember what an old friend, dead these many years, told me about his mad wife. One day in the early stages of the disease, when she still had her lucid intervals, he had gone to the hospital to talk to her about their children. She listened for a time then cut him short. How could he bear to waste his time on a couple of absent children, when all that really mattered, here and now, was the unspeakable beauty of the patterns he made, in his brown tweed jacket, every time he moved his arms? Alas, this paradise of cleansed perception, of pure, one sided contemplation, was not to endure. The blissful intermissions became rarer, became briefer, until finally there was no more of them: there was only horror.

Most takers of mescaline experience only the heavenly part of schizophrenia. The drug brings hell and purgatory only to those who have had a recent case of jaundice, or who suffer from periodical depressions or a chronic anxiety. If, like the other drugs of remotely comparable power, mescaline were notoriously toxic, the taking of it would be enough, of itself, to cause anxiety. But the reasonably healthy person knows in advance that, so far as he is concerned, mescaline is completely innocuous; that its effects will pass off after eight or ten hours, leaving no hangover and consequently no craving for a renewal of the dose. Fortified by this knowledge, he embarks upon the experiment without fear - in other words, without any pre-disposition to convert an unprecedentedly strange and other than human experience into something appalling, something actually diabolical.

Confronted by a chair which looked like the last judgment - or, to be more accurate, by a Last Judgment which after a long time and with considerable difficulty, I recognized as a chair - I found myself all at once on the brink of panic. This, I suddenly felt, was going too far. Too far, even though the going was into intenser beauty, deeper significance. The fear, as I analyse it in retrospect, was of being overwhelmed, of disintegrating under a pressure of reality greater than a mind accustomed to living most of the time in a cosy world of symbols could possibly bear. The literature of religious experience abounds in references to the pains and terrors overwhelming those who have come, too suddenly, face to face with some manifestations of the 'Mysterium tremendum.' In theological language, this fear is due to the incompatibility between man's egotism and the divine purity, between man's self-aggravated separateness and the infinity of God. Following Boehme and William Law, we may say that, by unregenerate souls, the divine Light at its full blaze can be apprehended only as a burning, purgatorial fire. An almost identical doctrine is to be found in 'The Tibetan Book of the Dead', where the departed soul is described as shrinking in agony from the Clear Light of the void, and even from the lesser, tempered Lights, in order to rush headlong into the comforting darkness of selfhood as a reborn human being, or even as a beast, an unhappy ghost, a denizen of hell. Anything rather than the burning brightness of unmitigated Reality, - anything!

The schizophrenic is a soul not merely unregenerate, but desperately sick into the bargain. His sickness consists in the inability to take refuge from inner and outer reality (as the sane person habitually does) in the home-made universe of common sense - the strictly human world of useful notions, shared symbols, and socially acceptable conventions. The schizophrenic is like a man permanently under the effects of mescaline, and therefore unable to shut off the experience of a reality which he is not holy enough to live with, which he cannot explain away because it is the most stubborn of primary facts, and which, because it never permits him to look at the world with merely human eyes, scares him into interpreting its unremitting strangeness, its burning intensity of significance, as the manifestations of human or even cosmic malevolence, calling for the most desperate countermeasures, from murderous violence, at one end of the scale to catatonia, or psychological suicide, at the other. And once embarked upon the downward, the infernal road, one would never be able to stop. That now, was only too obvious.

"If you started in the wrong way", I said in answer to the investigator's question, "everything that happened would be a proof of the conspiracy against you. It would all be self-validating. You couldn't draw a breath without knowing it was part of the plot."

"So you think you know where madness lies?"

My answer was a convinced and heartfelt, "Yes."

"And you couldn't control it?"

- "No, I couldn't control it. If one began with fear and hate as the major premiss, one would have to go on to the conclusion."

"Would you be able," my wife asked, "to fix your attention on what the Tibetan Book of the Dead calls the Clear Light?"

I was doubtful.

"Would it keep the evil away, if you could hold it? Or would you not be able to hold it?"

I considered the question for some time.

"Perhaps", I answered at last, "perhaps I could - but only if there were somebody there to tell me about the Clear Light. One couldn't do it by oneself. That's the point, I suppose, of the Tibetan ritual -- someone sitting there all the time and telling you what's what".

After listening to the record of this part of the experiment, I took down my copy of Evans-Wentz's edition of the Tibetan Book of the Dead and opened at random. "O Nobly born, let not thy mind be distracted." That was the problem - to remain undistracted. Undistracted by the memory of past sins, by imagined pleasure, by all the fears, hates and cravings, by the bitter aftertaste of old wrongs and humiliations, that ordinarily eclipse the light. What those Buddhist monks did for the dying and the dead, might not the modern psychiatrists do for the insane? Let there be a voice to assure them, by day and even while they are asleep, that in spite of all the terror, all the bewilderment and confusion, the ultimate Reality remains unshakably itself and is of the same substance as the inner Light of even the most cruelly tormented mind. By means of such devices as recorders, clock-controlled switches, public address systems, and pillow-speakers it should be very easy to keep the inmates of even an understaffed institution constantly reminded of this primordial fact. Perhaps a few of the lost souls might in this way be helped to win some measure of control over the universe - at once beautiful and appalling, but always other than human, always totally incomprehensible - in which they find themselves condemned to live.

from "The Doors of Perception"

Penguin, London, 1967.

THE FIRST LAW OF STAFF DYNAMICS

By Mike Mason

Through a process of group inertia
all objects naturally come to a state of rest.

Quite recently, one hundred and fifty men on E, F, G, and H wards waited ten minutes longer than necessary for their breakfasts because a Grade 2 attendant was unwilling, first to assume the responsibility of directing other Grade 2's (junior to him) in the Dining Room, and second to phone the Main Office to ask for such power because he knew they would give it to him. Finally a Grade 4 attendant from another part of the building took charge, and things got rolling. Breakfast was finally served.

It doesn't matter much that a few men were kept waiting for a little while because another man was uncertain and unwilling. Many hours are wasted in Oak Ridge, and breakfast ones are the least important. What does matter is that a system of ossified bureaucracy exists in Oak Ridge which stifles responsibility and initiative at every turn. The attendant in our example by no means bears all of the responsibility for not taking the initiative: most of it is born by a system of unspoken rules amongst our attendant staff which - label as an underminer any junior attendant who reminds a senior of his job.

- label as a company man any senior attendant who reminds his juniors of their jobs.
- label as a bit of a nut any attendant who displays or admits to any real feelings about the condition or the treatment of patients in his care.
- label as a fool anyone who works very hard.
- label as a scab anyone who might want to devote to the job any time that he wasn't being paid for.

With a set of norms like this in operation, who can blame our attendant for waiting for a senior man to resolve the situation?

Even patients are aware of the operation of these group gags, handcuffs, and leg shackles. How powerful must they be for staff members?

We all know, don't we, of the attendant who

- likes to sit at the front when there are storerooms to tidy
- or showers to open
- or meetings to attend

We all know of the attendant who sits with the knowing sneer on his face in ward meetings or small groups, or when patients want to get into meeting rooms. We all know of the attendant who would rather -- and who, if he complains, can -- watch TV rather than run around. We all know these things.

And we none of us do anything about them. It is hard for patients. Paradoxically, it is even harder for attendants. It is hard to go against the men you work with. It is hard to be called a scab, blackleg, or a "company man". It is hard to ask one man to work three times harder than another for just the same money.

Many things have contributed to this state of affairs. An institutional history of promotion by seniority, of power held by older, less flexible men. A history of tough custody in which at one time an attendant proved his virility by the number of patients he wrestled into their rooms. A history in which laziness was rewarded (with divine impartiality) just as much as hard work was.

But things are changing. Have changed already. You don't need to argue that the patients would benefit more if all attendants showed more initiative. That's true, but it's not so close to home as the fact that the good old reliable "pay-us-more-because-there's more-risk-here" argument has won its last buck. The next time the question of money comes up, the government is going to ask "Yes, but what are you doing?"

Here's what you are doing: a proportion of attendant staff are doing the work of professional men. They should be getting as much as or more than some professional staff. Another segment are holding their own, doing a solid job and earning their money. But another segment are just riding on the back of these first two groups, and when you come right down to it, a TV camera or a patient could do their jobs.

Our best attendants are the very best, and the treatment programmes here couldn't work without them, psychiatrists or no psychiatrists. Our medium attendants are solid men, and the day-to-day security of the place relies largely on them. Our shiftless, parasitical and indifferent attendants aren't necessary: they are redundant.

They endanger their own future and they are not exactly enhancing anybody else's. The tragedy is that the whole system operates to protect them.

Solutions? --

- an honest rating system that would be geared to promotions.
- a realistic bonus scheme. If a man works well, he should get more. If he works badly, he should get less.
- genuine sharing of work burdens. Either a rotation system which operates and penalizes those who won't work in certain areas, or an expansion of treatment programmes to include all wards.
- a real dialogue between ward supervisors to decide exactly what it is they want of their subordinates and how they can best organize to get it.

And so on. None of that is original thinking. We have all known for months that this sort of thing is necessary. It all takes a few seconds to say, and five years to effect.

But ten years from now, this institution (if it is still standing) will be a very different place, demanding very different skills of its attendants. Those who have the new skills will be in. Those who don't may also be in, the Civil Service being what it is. But it is becoming less likely as each year goes by. Tomorrow's job specs are being worked out today.

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A DAY IN THE LIFE

By Terry Benallick

It was nearly 8 o'clock and the people who had the jobs of cleaning the ward for that week were just finishing. Boy was I tired! At this time every morning, the time to go to work, I usually get a bit depressed. I think what kind of a job will Rolly give me to do this morning. I think that every work day.

The moppers were done and Jimmy Sedore was carrying the last night's garbage down the hall to dump it. As Jim passed Dave Fuller, Dave poked his shirt sleeve and said, "Hang back Jim, I've got something to tell you. Ha Ha." Richard Lucas joined them and Dave whispered something. Both started laughing.

At one minute to eight George Caughey came down the hall. A few patients were trailing along behind.

"Good morning George." "Good morning George."

"Well, come on you guys . . . lets get with it. And there's a hundred pallets to take up to the front office."

By the look of those pallets I sure didn't feel like carrying any so I stayed at the top of the stairs.

"Hey . . . come on, come on . . . lets get with it." said George.

Boy, my mother told me there'd be days like this, but she didn't tell me they'd be in here.

Floyd Dunbrack was coming up the stairs with two. Can you imagine. I can't get up enough gumption to carry one, let alone two. Oh damn, here comes Jack Brock. I guess one won't hurt me. So slowly . . . hoping that there wasn't any left . . . Hell, there's all kinds of the damn things.

And there's Doc Barker, Mr. Personality himself. I've got to make it look good.

"Good morning Dr. Barker, good morning."

Dr. Barker was stopped on the hall by a half a dozen people.

"When am I getting a conference? When am I getting out of this place? Dr. Barker, I have been asked by . . .

"If you wish to speak to me go through the proper channels."

"Who? What? When?" And with a twist and a turn he was gone.

"Come on, there's more pallets left," said George. "What are you guys standing around for - a street car. . . I mean you Dion, get with it . . . Come on Bryon, let's go. Do you want me to do everything? Jones! Bryon!"

Jones, coming on the run, hefted five on his back.

"There, are you happy?"

So I guess if there's no more they don't need me no more. So into the paint shop, stopping like I usually do to roll a smoke. I figure if I roll one now it'll be that much longer till I have to start work again.

"Good morning, Rolly."

"Oh, good morning, Terry."

"Say Rolly, I got a letter from my mother last night. She told me - Don't worry son, you'll soon be out of this place. Do you think she phoned the doctor, or did they write her a letter?"

"Don't ask me Terry. I guess when your time comes, it'll come."

"Yeah, I guess. But I wish they'd hurry up though."

"You can start on those bird houses," said Rolly.

"Yeah, yeah . . . Bird Houses . . . I've painted about 1000 bird houses. Oh well, I've got lots of experience. I bet no one has painted as many bird houses as I have. Those damn bird houses. How does a bird ever hope to get into that little hole. Probably gets in and can't get out."

Well, 11 o'clock came and we went upstairs. Oh, let me tell you what we had for dinner. STEW. I just told myself it was steak chopped up. It really tasted good. Well as I was saying, after dinner I came back to the ward and, as usual, got ready for a sleep before therapy. I carefully looked at the clock. It was a quarter to 12:00 I had twenty-five minutes to sleep, then therapy. I was looking forward to it. I guess its the ticket out of here, we either change or we stay. We don't like to change, but after we have changed a bit and have seen ourselves as we really are, in a way we're glad that fate brought us here.

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MOVIES

By Eric Young

Since the fall of 1961, Friday night movies have been traditional in Oak Ridge. These movies were expected to provide entertainment and diversion from on and off ward activities during the week. However, I have long held in question the quality and meaningfulness of these movies. Since my exit from C.E.T., it has struck me that they are deficient in both. After the last few movies I have seen, they seem a rather absurd extension of our daily ritualization. They are neither entertaining, diversionary nor therapeutic. This area of hospital activity is one of the few remaining unexamined rust encrusted traditions that so often have saddled our daily life in the past.

The atmosphere during the last few movies that I have seen feels shut down, only a muted response to the film content was evident to myself. During breaks between reels, interaction seemed damped down - perhaps this was due to unfamiliarity with each other or because of staff attitudes that evening. But no one appeared to me to be either enjoying the film or anyone else's company.

However I did notice some subtle intimidation taking place which was just ignored; people ignoring their own business, while some "flunky" or "scape-goat" took the brunt of it. This action seems to symbolize the degree of boredom and frustration amongst the group.

The alternative to the movie is singular confinement in your room. A poor set of alternatives; either one seems destructive.

If it is felt that movies are a useful and possibly helpful diversion then I feel we are wide of the mark. Attendance seems for the most part perfunctory, perhaps the lesser of two evils. I don't think the movies are helpful.

From a purely economic standpoint it appears as if the hospital is throwing good money after bad when it continues to pursue a policy of providing movies for entertainment, when in fact it may be true that a majority of patients are not being really entertained. I suggest we test out opinion on this issue, and because I feel patient councils and other organized groups do have a bargaining position, we may care to suggest helpful improvements or alternatives.

I think it would be farcical to continue movies next year being guided by a traditional policy which clearly needs revamping. However the administration is not likely to initiate any action on our behalf until we stimulate them through our own interest and actions.

What are we going to do about it?

* * * * *

THE SPARKS OF RE-ENTRY

The majority of response seemed to indicate that they viewed me as someone controversial coming from 'F' Ward sunroom: It struck me that many were intent on confirming their own opinions of 'F' Ward and answering their own questions. I was an object to be viewed with suspicion.

It's just incredible how these poor fellows can continue on; I suspect if once they saw what I see, they would be catatonic....It all upsets me a great deal, but I'm getting callouses or by any other name, I'm frightened to cross boundaries. I guess that it would be cruel to upset the status quo. The TV is violent and most programmes are absurd..... The dining room was a threatening situation for me and upset me. All those people, noise, etc.

I have lots of material things but they don't help me much, my neurosis around food has disappeared almost. Actually, I haven't made a real adjustment as it all serves no useful purpose whatsoever, so don't appreciate any of it and would sacrifice it immediately for a good book or even better, real people. Pulsating, alive people.

Just Bruce Cantelon came with me to 'C' Ward. This situation initially offered more support and indeed, was very helpful and rewarding. However my conversations with Bruce began to become more defensive and artificial as days rolled by. I feel this is largely due to his present upset and defensiveness and not so much my own. I pursue serious topics at times with Bruce, but it is difficult and at best short-lived.

In the past few days Bruce has become somewhat confused, excited and restless, projecting hostility etc. and tending towards disruptiveness. All of this has served to widen the gulf between us. I expect this trend to continue.

Eric Young

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When I first arrived on H ward I was received, first with wariness and then with fearful expectation. At first, I don't think the patients of H knew quite what to expect and when they remembered the onslaught of Gerry Banks they braced themselves for another "attack".

In the first two days there were many approaches to me inquiring as to what my views were on evening programme. Some were straightforward, some were veiled. None were done skillfully. After a while, although most of the ward settled down there were still some who expected these "referral happy" and "treatment happy" people to ruin their nice calm, lax system. They were still friendly. How did I feel about all this? I expected to one degree or another so it did not shock me greatly. I am glad that they managed to be friendly with us even though they expected the worst. I was very tempted to sleep on the floor but I thought that might upset the night man.

At the first meal in the dining room I felt quite awkward and completely forgot to use my fork until someone pointed out that it was a useful utensil. It was wonderful to be able to look out a window that was unshaded by those ghastly screens. Chairs I found rather uncomfortable for the first little while.

At first the new setting was a bit awkward. Before going into a room I found myself looking around for three people to go in with me. I still do it once in a while. Emotionally, at first, I missed the people, not the room. This lasted for about a week or ten days when I looked forward to seeing them again. However, when I began to see that they were not the same, that they had built defenses, that they were cold, they and the times we had had and the things we had experienced together passed into history. It could never be the same outside the confines of the Sunroom. This saddened me somewhat but I realize that that's the way it is and that's the way it will always be.

I am sorry that that's the way things are but I guess I should have expected it. I do it myself. I don't think one can expect another to be relatively open in the viciousness of conventional (as compared to the Sunroom) T.C.'s, not for a while if ever anyway.

The people themselves at first seemed a slow and dull witted lot, not too intelligent or quick. I expected to get little understanding and little help.

However, I find slow and dull witted they may be, but they seem to make up for it in understanding and support. They seem much more willing to listen than the old G ward people and although their methods of finding things out may be simple they do seem to be effective at times. There are many things they miss and it would be simple to work around them; however, I find myself more inclined and more willing to tell them things than I have with the sharper people I have lived with.

John Freeman

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Being able to have your own room and privacy was different and I felt sort of alone.

I think my reaction to the "strangers" was pretty good. I tried to be friendly and even though I didn't know anything about them or how they behaved I tried to accept them for what they are even though they're not the same as the group I just left. I'm a little afraid that perhaps some got the impression that I was acting somewhat "superior", mainly because of my experiences on G ward and in the sunroom. I didn't want that impression given.

There was structured programme for a total of about five hours or so but I got the impression very few were interested in getting more meetings, different meetings; or even improving what they had. A few seemed interested and participated but most seemed to be just putting the "hour" in, usually by day dreaming. Not many seemed very responsible.

After coming from the sunroom I think I automatically have a role: (i.e. know all, see all, hear all - "G" ward, "F" ward experiences). I think this role is increased or developed more every time I open my mouth. I don't particularly want a role but because the way the system is and the people are, I open my mouth a lot. I don't think I want to increase programme but I think I can and have ideas on how to improve what we have got. Anyway, as it ends up I don't like the role, and other people don't like my role because I'm changing things or improving them and trying to get more people off their butts. I don't particularly want people to dislike me for this but I find a "need" to improve what I see needs improving. But I don't want to get in a position like Normandin, and Banks were in, when the ward was split 37 to 1.

Paul Bruce

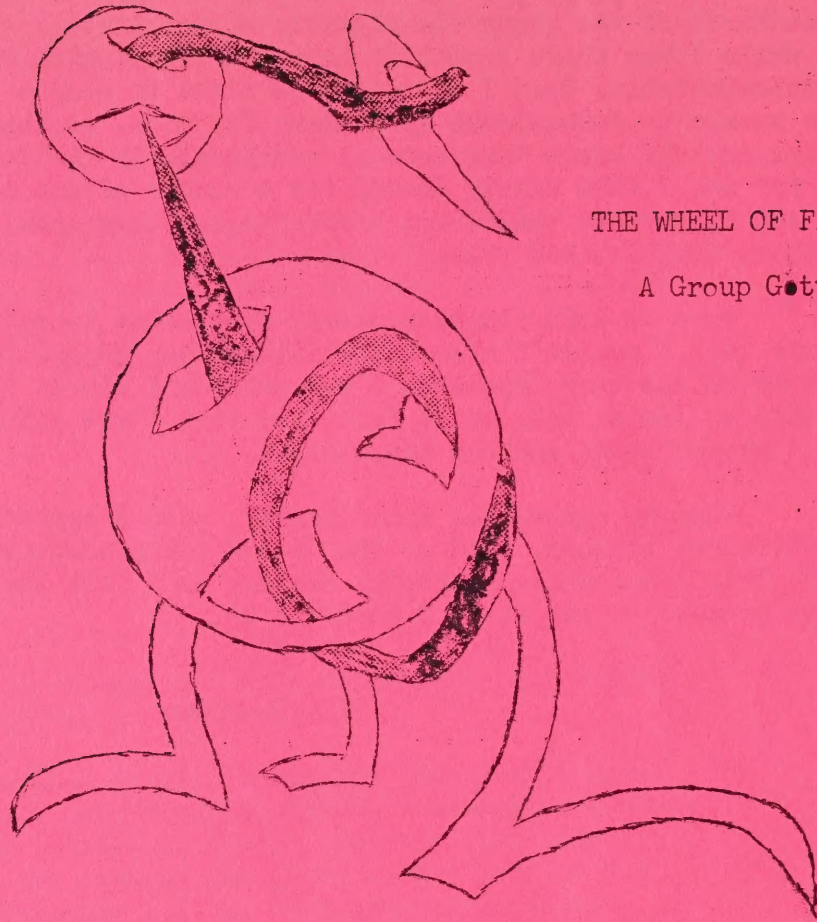
As things progressed in the sunroom I found myself on the outskirts of the group the majority of the time. I know in the first while I was there something happened to me which kept me very uncomfortable. When I wanted to be close to people I liked, no one seemed to acknowledge my feeling for them. As this continued I became acutely aware that none of the people in the sunroom cared for me. I felt fairly deeply for a number of people in the group and it hurt me that I was unable to let them know, other than in horseplay, that I liked them.

• When we left the sunroom and were moved to safe rooms I was sure that I wouldn't miss being without the group. However, it proved to be the very opposite. I was extremely lonely in the safe room with no one to talk to. I felt sure that I was going to crack up if I stayed there another day.

Then my supervisor Bill Crawley, whom I appreciate for many different reasons, told me that I was being transferred to H Ward. This I was whole heartedly against as I felt that I would regress because of the state H ward was in.

E.A.Thompson

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THE WHEEL OF FIRE

A Group Gotterdammerung

Illustration by
Bill Manone

THE WHEEL OF FIRE

An introduction to a group Gotterdammerung

"....For I am bound upon a wheel of fire
That mine own tears do scald like molten lead."
(King Lear)

For those who have never consciously experienced the raw power that a group can exert on its members, the swing and turmoil of nebulous, savage and ecstatic forces can be nothing more than inflated language. It is incredible for some persons that ideas of "me", "us" and "them" can have immediate and spectacular effects on the intestines, conversation and sanity of a group. But they can.

A group of sixteen patients spent four months in the F Ward Compressed Encounter Therapy Unit, never leaving one another's presence. By design, they had been confined in a small room to intensify the interactions between them, by design they had been bombarded with defense - disrupting drugs, and by design they were all kept in the furnace of their own presence days after they wanted to leave. They had had enough.

All patients in the group left the sunroom on a day in mid-February, making way for another group of sixteen volunteers. Those

who left were like the battered remnants of an army, conscious of little beyond their relief that they were safe, and their guilt that they had retreated. What follow are some of their accounts of how it was to leave, and how it was to go to other wards. They adapted quite quickly. But none of them left unscarred by the raw fear or grinding isolation of the last two weeks. Each one had inflicted the horror of indifference on each other one, and, stripped of the ordinary world, they had no way of avoiding recognition of that fact.

What had taken place was clear, in broad terms. At some point six weeks prior to termination, the group had implicitly decided to abandon any honest communication about what was happening. At that time the risks seemed great and the returns too paltry. Inevitably, anxiety at once welled up, increased pressure, and plunged underground again, straining the already tottering foundations of the group. The process of collapse that followed displayed all the characteristics of an acute schizophrenic reaction -- disordered thinking, disordered emotion, group delusion and dissociation, and recourse to symbolized anti-rituals of communication. For the last week, most group members sat and played with buttons... They were beyond tears about what had happened.

The implications for the next group were not missed, and they started out optimistic that they could avoid the mistakes of their predecessors. To a degree this hope seemed justified. But it was hard to avoid thinking that the first phase of the truth that any group discovers behind its illusion about itself may just as well be destructive as constructive. Much hinges on the courage, faith and obstinacy that will carry them through the first unpleasant brush with reality.

GOTTERDAMMERUNG ?

Question: Do you think the CET experience was of value? What were its effects?

I think it made me trust people less....

I feel that the only thing the experience harmed was my false ego. Other than that a few insignificant things it harmed nothing. Nothing that I know of anyway....

I think that it was of some value because it showed me some things about myself that I didn't know before....

Question: How do you feel about the fact that the CET program is ended?

My feelings tend to go in two directions now that CET has ended for me. In one way I am glad it is over because it was becoming more unbearable for me every day. I think 4 months is enough for any man, it was for me anyway....

In another way it makes me sad to see it end. I have had experiences with people that I have never had before. I think I learned more about people and about myself in the past four months than in the last 17½ years prior to the four months in the sunroom. I think it is too bad that it has come to an end and the way it did but there was no other way. People realized what they had to do to get better and weren't prepared to do it, or couldn't do it, or weren't motivated to do it or something like that. People just didn't want to go to people, some more than others. It had to end.

I think my appeals for more love, care and understanding were very damaging and caused a lot of hostility.....

Question: What was the effect of the attendant staff?

Some, I think were pretty sincere, but others came up with a don't give a care attitude and I think this caused friction between the patients and the staff. As far as I'm concerned some or maybe most should have kept their noses out of what was going on. Oh, I think that they tried to be helpful, but many times in my T Group we talked about boats, planes, mining, other wards, with the staff when perhaps we shouldn't have. I find it sort of easy to escape into those topics when maybe I should be talking about my upset or why my T Group isn't functioning.....

I once heard that most attendants see treatment when patients are doing something (i.e. groups, committee meetings etc.), and they criticize the people when they see that "nothing is going on." Well, when this happens, I believe they don't "see" the perhaps more subtle things that happen between the people in the sunroom.

Question: How do you feel about Miss Judy Walls, the ward co-ordinator?

The only consistent feelings I had about Judy Walls was fear. The rest of the time I either hated her or was in love with her. She likes me, but that was too much to handle. I always wanted to have sex with her. I had to reject her all the time. My feelings about Judy were never steady. I thought of her often.

Question: How do you feel about Dr. Barker?

I liked Dr. Barker a lot while I was in the sunroom and I felt rejected and hurt whenever he would come into the sunroom and make some gestures towards me.....I found that some of his visits seemed to remotivate me and I was constantly waiting for him to come down for that "shot in the arm" effect he had.

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Question: Do you think that at any time a cohesive group existed in the sunroom?

I feel that in the very first stages of the CET unit,

there was a cohesive group in the sunroom. Everyone except for myself (I think) had volunteered to try this kind of therapy. Everyone who was there wanted to be there. Everybody was eager to do things to get well and help someone else. As time went on people became discouraged and no one gave them any encouragement.

The CET fell from within, the destructive element was the attitude of the individual patients. (If they won't try, why should I?) was the sort of thing. Everyone was waiting for someone else to get the ball rolling again, but how could that happen when everybody was thinking the samething, "If they won't try, why should I?"

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Question: Do you feel that you made a personal choice that the CET should end?

I feel as if I made a personal choice that the program should end. I wanted out, because I felt that the good that would be derived from the program didn't exist anymore. I felt that there was no more resources for helping me and I hadn't the resources for helping anyone else. It was a stalemate situation with most people and they weren't interested in trying to start a new and fresh game...

I believe only one or maybe two wanted to stay for sincere reasons. The other one or two wanted to stay for reasons of political expediency. The rest wanted to leave. The majority pressured the minority and the minority was won over. "United we stand, divided we fall." The group was divided so it fell.

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Question: Would you like to say something to all viewers out there in television land?

Yes. Could the Front Office find out the current price for chinchilla pelts? Thank You.

By Eric Young

Since arriving on "C" the shock has been considerable. But visits from Mike and Judy Walls have been very helpful.

Television, beds, forks, people . . . it's all too much. It's like being hit in the face. I'm very upset and afraid to be alone. With people . . . still alone.

It's incredible how people here actually carry on conversations with themselves. They speak at me with pressure or with apathy. I feel forced into being superficial by the very way they approach me. They want me to listen. Between the lines I hear despair, hostility, hope and loneliness, but we will not speak of this.

It's very painful. I can't talk with anyone . . .

People are kind in a way, and generous. They hope, I hope, but it doesn't happen. I'm being forced to live again in a world without people.

The TV is violent. It upsets me. Noise upsets me. The silence upsets me. I'm afraid.

I have fulfilled all the rituals of moving in. The stages of interrogation about F, the inquiries - "Why are you not home yet?" etc.

I can't talk because everyone wants me to listen or to leave them alone. I attended a meeting and John Erochko centered me out. But I couldn't speak about my experiences.

I miss John Cracknell . . . Bruce Cantelon . . . Mike Mason . . . and John Freeman . . . Nearly crying . . . No, I cannot. It will disturb people and they will leave me alone. I must play their game. I want Mike to hold me. God help me, I'm selfish. I want, I need.

I have seen the view, heard the gossip, tested the grape-vine and it's all painful. I'm continually distracted by my profound unhappiness. Suicide? Yes I have thought of it.

All my sensitivities are very high and I feel as if I am on exhibit -- especially while I was doing 5BX last night. I even wore my jacket because I felt small and insecure. Tight pants? No, I felt faggoty.

Will I sleep tonight? Probably not, I will exhaust myself exercising. Hope I can go to work tomorrow. Yesterday in a.m. worked in T & P . . . felt uncomfortable with the work situation -- the work demands and the superficial atmosphere. Peter Woodcock really bugged me. Most everybody and everything affects me grossly. Went to I.T. in p.m. . . . George Caughey was very kind . . . working on Boyd's canoe . . . feel trusted and the work interests me. Talked with a few people in the shop . . . felt more at ease generally . . . people still put pressure on me to listen. Place still seems strange.

THE MURDERER'S SONG

I would make love to the bullet that blew my brains out
Nip it gently with my teeth before it
Blossomed my skull into a bloody rose
Breathe sighs and orgiastic grunts
Towards the smoking horror of the gun
Clenching my frantic hands about the belly-holes
To pluck the bullets out and have them penetrate again
My shrinking pounding flesh.

Five years ago it was
Five o'clock it was
Tick Tock
In perfect time, and he, travelling at one foot per second
Met a bullet - my bullet - travelling at three thousand.
A pretty problem in physics
Which knocked him out of time, and me into it.

Tick Tock
Kinder to have raped him.

I calculate - knowing as I do the speed of sound
And Bullets
That he never heard what I was trying to say.

That was not Hamlet that was Hamlets madness (Court room).
No excuses necessary now. It was me. Is me.
Five years ago it is. Five o'clock it is.
And my Destroyer stands behind me to act the drama out.
I mean, I love you
He said, kissing the bullet.

The only thing that would do any good, now,
(The whole thing was irrevocable, you know)
Would be for me to die at his hands
And watch my own death with him
Perhaps cracking a joke about it.
To show that I didn't mean it
All those years ago.

Tick Tock
Love
Tick Tock

Ha

Michael Mason

THE STORY OF WHITE SATIN

By William H. Whitehead

Once upon a time there was a white pony who was as smooth and shiny as satin, and so he was called White Satin.

He lived on Gay Farm, and every morning he took farmer Gay's little girl for a ride in a fancy red cart. "I am the most beautiful pony in the world," he thought as he trotted along, drawing the red cart behind him. "No other pony is so smooth and shiny." He was a very foolish fellow, always thinking about himself.

Early one morning White Satin saw something new by his barn. It was smooth and shiny too. It was as blue as the sky and it was trimmed with silver; it was an automobile. When he saw it, the foolish pony became very cross. He put his ears back, showed his teeth, stamped his feet, and began to grumble to himself. When farmer Gay's little girl came into the yard, she just looked at the sky blue car and said, "Oh father, isn't it beautiful?" The pony was very angry. "How can she call that ugly car beautiful?" he scolded, stamping his feet and showing his teeth. "I never saw such an ugly thing in all my life. I am the one that is beautiful. I am as smooth and as shiny as satin."

Then farmer Gay spoke to his little girl. "Let us take a ride," he said. The pony thought, "She won't get into that car. She will hitch me to my cart and drive me. I know that she doesn't love that ugly car. She loves me." But he was wrong. Farmer Gay's little girl did get into the sky blue car with her father, and away they rode.

"They did not even speak to me," grumbled the pony. "They don't love me any longer. I won't stand it. I will run away and then they will be sorry." White satin was as cross as he could be. He waited until evening. As soon as he had eaten his supper, the foolish pony ran out of the barn and galloped away. No one saw him go. He galloped by the pasture and came to the bottom of the hill. There he saw a pond. He wanted a drink, and so he leaped in.

When he landed in the pond, he made a big splash and woke up the frogs who lived there. They began to make a great noise, all speaking at once. "Better get out. Better get out," croaked the grandfather frogs in their gruff voices. "Better get out, Better get out."

"Too deep, too deep," croaked the father frogs. "Too deep, too deep."

"Leap, leap, leap, leap," squeaked the little wee frogs in their little high voices. "Leap, leap, leap, leap."

White Satin tried to leap, but he couldn't. His feet were stuck fast in the mud at the bottom of the pond. The harder he tried to get out, the deeper he went in, he wasn't able to pull even one foot out of the mud. Then he heard the frogs again. "He'll never get out. He'll never get out," croaked the grandfather frogs in their gruff voices.

"Going deeper, going deeper," croaked the father frogs.

"Too late to leap. Too late to leap." squeaked the little wee frogs. White Satin was afraid that the frogs were right. His feet were going deeper and deeper into the sticky mud at the bottom of the pond.

The pony wasn't cross now. He was frightened and unhappy. He had never been so unhappy in all his life. White Satin began to call for help.

At last he heard a chug, chug, chug, and a car rolled up to the pond. He saw farmer Gay and his little girl in the front seat. Quickly the men got out. The frogs began croaking again. "Too late, too late," they croaked. "He'll never get out, he'll never get out. He's in too deep. He's in too deep." ... "Maybe they are right," thought White Satin, as more tears splashed into the water. "I shall never see my nice warm barn or my green pasture again."

Then farmer Gay called to him. "Don't be afraid, White Satin." "We'll pull you out with the car."

First they threw logs into the pond. Over the logs they put boards. Then farmer Gay walked on the boards and fastened a rope around the pony. He tied the other end of the rope to the car. Then the car backed up and pulled. At last it drew the pony out of the mud. His front feet came up on the boards, and then his hind feet came up. He was not smooth and shiny now. He was covered with mud.

His teeth were chattering from the cold, and tears were running down his face. The frogs began to croak again. "Better go home, Better go home". "Get to bed, get to bed."

"And go to sleep, and go to sleep." That was what poor White Satin wanted to do, but first he went up to the shiny blue and silver car. He did not speak crossly now, or put his ears back, or stamp his feet or show his teeth. Instead he rubbed his nose against the automobile. Now White Satin loved the sky blue car.....It had saved his life.....

THE OLD COUPLE

The door of their tiny apartment slammed shut. It was the parting shot of the landlord wanting his money. He had been a cruel landlord, sometimes raising the rent at the slowest times, giving no grace if they couldn't pay immediately.

The two old people looked at one another, the man was about ninety, the woman eighty-five. It had been a hard long life for them, but they had been together sixty years and now at the end of their lives they were as poor as they had been in the beginning. The old man ran a tiny shoe repair shop and now that times were slow the landlord had decided to raise the rent; just enough to make things uncomfortable. They would have moved out long ago had there been any place to go, but there wasn't.

"What are we going to do Ma?"

"There is only one thing to do," the old lady replied.

"I suppose so," said the old man sitting down beside her and putting his arm around her shoulders. She reached for the phone and dialed a number. About an hour later a young man about 25 presented himself to them. He was tall and blond and good looking.

After the old lady stopped talking her husband started.
"We will pay you well for your services but you must promise to keep all of your dealings with us a secret and we will do the same."

"That's fine with me," replied the young man. He turned then and left the apartment. The old couple looked at each other and smiled.

"Such a nice man," said the old lady.

The next day was Sunday and their regular day for fishing which they both loved. The early risers around the neighbourhood had gotten used to seeing them leave sharply at five in the morning, so it was no strange sight. The couple dressed warmly and went down to the dock. The young man was waiting for them beside a dilapidated cabin cruiser. They greeted each other and climbed aboard. The engine coughed and sprang to life.

The little boat pulled out into the river and gathered speed.

After about 15 minutes the old man slowed the craft 100 yards off shore, took out his fishing pole and dropped the line into the water. The young man came up from the cabin dressed in diving gear and carrying a small plastic bag. Into the bag he dropped a small black object and knotted the top. As he climbed over the side and slipped into the dark water he smiled to himself and at the old lady sitting in the stern of the boat wrapped in a shawl and holding a fishing pole. He put his mask on and began swimming towards the only house for at least a mile around. The old lady turned toward her husband, " I do hope our next landlord is kinder than this one was. "

" I'll make some coffee, " he replied.

The young man climbed back aboard and stood before his client. Her shawl lifted, " You have done well, " she said looking into his eyes and smiling. CRACK! The young man's eyes opened wide, he stepped backward and fell overboard sinking immediately.

Just then the cabin door opened and the old man looked out, " Even if our next landlord is greedy our secret is well kept. Oh, by the way coffee is ready. "

By John Ryan Freeman

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